

Canyons School District
NEW INSTRUMENT REQUEST FORM

Date _____

Request for School Year _____

School _____

Principal _____

Music Teacher _____

Please list the requested instruments for purchase in priority order.

Instrument	Brand Name	Model #	New	Replacement	Estim. New Cost	District Approval
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please include with this request, three written quotes for the specific instrument requested. Be sure they are from vendors on the Canyons School District Vendor list. (See your school secretary to access Skyward vendor list.)

We have received the following instruments in the last three years:

Year	Instrument
_____	_____
_____	_____
_____	_____
_____	_____

The school principal is willing to match funds in the following amount: _____

Principal's Signature _____